

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Womankind, inc.
Physical Address	3142 Northside Drive, Suite 101
Mailing Address	Same
City, State, Zip	Key West, FL 33040
Phone	(305) 294-4004
Fax	(305) 294-6043
Email	kromano@womankindkeywest.org
Who should we contact with questions about this application?	Kim Romano Executive Director

Amount received for prior fiscal year ending 09/30/10	\$70,000
Amount received for current fiscal year ending 09/30/11	\$70,000
Amount requested for upcoming fiscal year ending 09/30/12	\$80,000

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Kim Romano

Signature Kim Romano

Date: 4-18-11

Typed Name of Board President/Chairman: Janis Childs

Signature Janis Childs

Date: 4/11/11

[Type text]

*All names have been changed to protect patient identity.

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

WomanKind's mission is to provide accessible, affordable women's primary, gynecologic and mental healthcare to women that is safe, individualized and prevention focused, to women throughout the lifecycle, regardless of ethnicity or socioeconomic level.

2. List the services your agency provides.

- Annual gynecological exams and Pap tests
- Breast exams, mammogram referrals and vouchers
- Weekly teen clinic
- School physicals
- Birth control methods
- Emergency contraception
- Testing and treatment for sexually transmitted infections
- Screening for diabetes and heart disease
- Reduced fees for those living at or below poverty level
- Colposcopy (diagnostic testing for cervical cancer)
- Human Papillomavirus testing and vaccine to prevent cervical cancer
- Menopausal counseling
- Minor illness treatments
- Hormone replacement therapy
- Pre-conception and interconceptional care
- Pregnancy testing and options counseling
- Referrals to appropriate providers for prenatal care, abortion, and adoption services
- Human Immunodeficiency Virus (HIV) pre- and post-test counseling, and HIV testing
- Supportive counseling
- Hispanic outreach and translation
- Wellness classes, educational forums
- Free or low cost contraceptives and antibiotics
- Free and low cost lab work
- Referrals to specialized or secondary care providers
- Outreach and education

3. What services will be funded by this request?

WomanKind is requesting a total of \$80,000 for FY 2012 to support the salaries of existing staff. These staff members provide direct medical care and include an Advanced Registered Nurse Practitioner, a Registered Nurse and a bi-lingual employee who serves as our Teen Outreach Coordinator. These three positions provide the bulk of the medical services to teens and low-income, uninsured women.

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes ☐ No ☒

If yes, please circle the new category for which you would like to be considered: Medical ☐ Core Services ☐ Quality of Life ☒

If you have not been previously funded, please circle the funding category that you believe best matches your services: ☒ N/A ☐ Medical ☐ Core Services ☐ Quality of Life

*All names have been changed to protect patient identity.

5. Will County HSAB funds be used as match for a grant?

Yes

6. If you answered "yes" to number four, please specify the:

a. grant award title, granting agency, and purpose:

"Meeting the Need" from the Blue Foundation for a Healthy Florida IMPACT Grant. The Meeting the Need program seeks to improve health outcomes through increased program capacity and reduced barriers to care for low-income, uninsured residents in the Lower Florida Keys.

b. grant amount:

\$65,208

c. match percentage requirement and amount:

Request pending. 100% match needed. WomanKind will need HSAB support in order to fulfill requirements of this grant.

In addition to this Blue Foundation request, WomanKind receives funding from numerous sources outside of this region. While HSAB funding is not specifically required as a match, support from the HSAB leverages additional dollars from:

- The Susan G. Komen Foundation
- The Avon Foundation
- The Klaus-Murphy Foundation
- The Dogwood Foundation
- The American Cancer Society

These groups provide \$123,000 in grant support annually. Without HSAB support, the agency could not offer services as they now exist through these funding sources.

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent

The majority of HSAB funds were used in the 2010-2011 fiscal year to support the salary of a Nurse Practitioner who **served 2,188 family planning patients during the course of 3,356 office visits.** We provided **1,438 tests for sexually transmitted infections, and 1,417 women prevented unintended pregnancy** through the use of a prescription contraceptive method.

Funding also supported a Hispanic Outreach position, **resulting in contact with 416 women.**

b. how they were used to leverage additional funding.

In the 2010-2011 fiscal year, WomanKind received recognition and support from several national organizations. In order to secure this funding, WomanKind was required to demonstrate local support for our services. With the complete loss of financial backing from the Monroe County Health Department this year, the HSAB became virtually the sole source of local support for WomanKind. HSAB funding allowed WomanKind to demonstrate to outside funders, including the Avon Foundation, the Susan G. Komen Foundation and the American Cancer Society, that our programs and services were valued, needed and supported by our community.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

No

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

Sheriff's Shared Asset Forfeiture Fund = \$9,646 out of a maximum of \$10,000 in 2011. This is an increase over our 2010 funding level, and demonstrates a commitment to WomanKind's weekly Teen Clinic.

11. What needs or problems in this community does your agency address?

Every day the staff members of WomanKind are reminded of the crucial need for our services through our interactions with women and teens from our community. Take for example the situation of Monica*, a 15 year-old who came through our doors six months ago, fearing she was pregnant. Nervous, embarrassed and scared, she struggled to fill out the medical history form in our waiting room. The WomanKind nurse practitioner (NP) met with Monica privately, assuring her that services were confidential and that our staff was there to help, and not criticize her. The NP noted that Monica was sexually active, not using contraception and that her boyfriend also had three other sexual partners – all students at Key West High School.

In a compassionate and gentle manner, WomanKind's NP assessed Monica's understanding of reproductive health. She talked to Monica about abstinence, which is the only method that is 100% effective in preventing both sexually transmitted infections and pregnancy. She also discussed birth control and using condoms to help protect Monica from diseases that could threaten her comfort, her fertility, and ultimately, her life.

WomanKind's NP explored Monica's family situation, and learned that her father left before she was born, and that her mother worked several jobs and often spent overnights at the apartment of her own boyfriend. Monica stated that she was scared to bring up her own sexual activity with her mom all alone; their relationship was not close, and she knew her mom would just take away her cell phone and make her sneak around if she found out she was having sex. Monica did agree that she would consider bringing her mom to WomanKind for help and support navigating the difficult but important discussion about making decisions around sexual activity.

Monica was too terrified to have a full pelvic examination that first day, but the WomanKind NP was able to perform a limited exam using only a urine specimen. Before running a test for pregnancy, the NP discussed with Monica what she would do if she were pregnant. Monica was tearful and unsure, articulating that she wasn't ready to have a baby. The NP let her know that our staff would help to connect her with the appropriate care providers if she were pregnant. Whether she decided to keep a pregnancy, place the baby for adoption or seek an abortion,

*All names have been changed to protect patient identity.

WomanKind would link her with other resources in the community that would help her to safely take care of her health. Fortunately, Monica's test for pregnancy was negative that first day.

The NP sent Monica's urine to the laboratory, however, and several days later learned that she was positive for Chlamydia. The good news is that this is a treatable infection, and we brought her into the office for additional education, counseling and risk-reduction education. The less-than-good news was that the activities that exposed Monica to Chlamydia also put her at risk for more serious and untreatable infections, such as herpes and HIV. Monica listened to this information with wide eyes, and during that second visit (which proved to be a true "teachable moment") she agreed to a full exam and screening for all infections, including a pap test for cervical cancer. Subsequent tests came back negative for other diseases.

Today, Monica is "taking a break" from having sex. Next time around, she wants to be with a boyfriend who wants to only be with her. When she decides to become sexually active again in the future, she plans to take the birth control pill to prevent pregnancy, but also to use condoms consistently to protect herself from sexually transmitted infections. Her mom is aware that Monica comes to WomanKind, and she even agreed to make some time to come for one visit to make sure that Monica uses some form of contraception. Monica's mom is uncomfortable discussing sex with her teen daughter, but knows that she "doesn't want to be a grandmother", so she is happy to have the staff at WomanKind tackle this "embarrassing subject" with her daughter.

At WomanKind, Monica knows that she has an ally and a resource she can trust for the most private and difficult decisions she makes about her body, her health and her self-esteem during this vulnerable period in her life.

WomanKind serves over 700 teens like Monica every year, addressing the problem of risky teen sexual activity, working to reduce both the incidence of teen pregnancy and sexually transmitted infections among the teens of Monroe County. **Because of funding from the HSAB, WomanKind has become the resource and leader in women and teen's healthcare and education in our community.** In the ten years since our inception, we have provided over 23,000 patient visits, with nearly 6,000 of them to teens. The sheer number of teen patient visits at our weekly Teen Clinic demonstrates the success of this program and far exceeds that of any other Keys non-profit medical provider. WomanKind practitioners are committed to improving health outcomes for our teens, and have a ten-year track record demonstrating the ability to successfully implement our Teen Clinic goals.

In addition to teens, WomanKind addresses the problems encountered by low-income, uninsured adult residents. These needs are illustrated by the situation of Beth*, who works well over 40 hours per week at a Key West guest house, where her employer does not offer health insurance. Over 2/3 of Beth's take home pay goes towards the cost of housing, a situation not at all uncommon in our region. Because money always seems to be tight, Beth postpones her annual gynecological exam for several years, preferring to spend money on groceries, utilities and expenses that seem more pressing in day-to-day living. It is not until Beth develops a pinch in her side, which interferes with her ability to clean rooms at the hotel that she begins to think about going for a check-up.

Beth learns that her exam at WomanKind is charged based on her ability to pay; her income is taken into consideration, and a complete examination ultimately costs less than half what she would have been charged at a private gynecologist's office. The nurse practitioner at WomanKind discovers an ovarian cyst, which is easily treated with oral contraceptives, allowing Beth to return to productive employment. During the course of her WomanKind visit, however, Beth also learns that her blood pressure is elevated. Discovery of a silent *yet deadly* condition gives the WomanKind nurse practitioner the opportunity to educate Beth about the importance of routine and preventative well-woman care. She now manages her hypertension through diet, exercise and medication, and avoids costly and less-effective medical care through the emergency room, where she undoubtedly would have presented with angina at some point down the road.

WomanKind was founded with individuals such as Beth in mind, to address the problem of a lack of health insurance coverage and affordable health care for the working middle class and poor in our community. This problem is exacerbated by the extremely high cost of living and lack of affordable housing in the Florida Keys.

*All names have been changed to protect patient identity.

Without health insurance, with limited or no income, and without access to truly affordable healthcare services, residents often bypass important screenings for prevalent conditions including diabetes, cancers such as breast, cervical and colon, sexually transmitted infections (STIs) including HIV, and heart disease. The later these conditions are detected, the greater the cost for treatment, and the less positive the outcomes.

WomanKind was founded in 2001 to address these identified problems, and deliver safe, affordable and quality healthcare *to women and teens just like Monica and Beth* in the Lower Keys community. WomanKind's co-founders were two passionate, local nurse practitioners who worked extensively in local private practices, for the Monroe County Health Department, and for the school district. They experienced first-hand through their clinical practice a true need for accessible healthcare in our geographically isolated region. Their vision for high quality healthcare for all women, combined with extremely hard work, spawned what is now a comprehensive healthcare agency. WomanKind now provides accessible and affordable women's primary, gynecologic and mental health care that is safe, individualized, humanistic and prevention focused, to women throughout the lifecycle, regardless of ethnicity or socioeconomic level - to nearly 2,000 individuals each and every year.

12. What statistical data support the needs listed in number nine?

(If applying for \$5,000 or less, a response to question #12 is not required.)

Data supports the need for services to teens just like Monica. Locally, increased rates of teen pregnancy and sexually transmitted infections are causing grave concern:

- *The number of Monroe County births to teen mothers increased by 27.5% between 2008 and 2009.*
- *There was a 48.5% increase in the number of sexually transmitted infections among adolescents in Florida between 2005 and 2009.*

WomanKind's success in working with our teen population has long been supported by agency and regional data:

- **Our teen pregnancy rate, among young women who present to WomanKind for information, education and clinical services, is consistently lower than that of both the state of Florida and the nation overall.**
- The Monroe County teen birth rate is one of the lowest in the state of Florida. Reporting 26.4 births to per 1,000 mothers aged 15-19, Monroe County is significantly less than the state rate of 40.4 during the same period (between 2007-2009).
- The Monroe County reported cases of sexually transmitted infections for those between ages 15-19 is low compared to the rate of Florida overall (1,082.9 per 100,000 versus 2,410 per 100,000 in 2007-2009, according to the School-aged Child and Adolescent Profile for Monroe County).
- **WomanKind reduced the number of teens testing positive for a reportable sexually transmitted infection by 33% between 2008 and 2010.**

These rates demonstrate the effectiveness of safe and accessible reproductive health services for this particularly vulnerable population, made available through WomanKind's weekly Teen Clinic.

Data also clearly supports the need for accessible and affordable health care services to low-income, uninsured women like Beth in Monroe County. It is well documented that being poor and uninsured makes one more

vulnerable to major health issues, and puts one at higher risk of death. Data for our region clearly underscores that Monroe County desperately needs access to free and affordable healthcare, through facilities such as WomanKind, for those who are most vulnerable in Monroe County.

The Broward Regional Health Planning Council's 2010 Monroe County Health Profile indicates that **30.8% of Monroe County residents were without health insurance**, which exceeded the rate for the state of Florida (24.9%) and was more than twice that of the nation (15.3%). Given the recent economic recession, however, we suspect this percentage could be even higher as the result of layoffs and reductions in employer costs. The Key West Citizen reported on August 25, 2010 that our city was experiencing the highest unemployment rate since the 1970s.

Being poor and uninsured makes one more vulnerable to major health issues, and puts one at higher risk of death. Lower income is linked with worse health outcomes. Compared with adults in the highest income group, **poor adults like Beth are nearly five times as likely to be in poor health**. Additionally, lack of insurance compromises the health of the uninsured because they receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care and have higher mortality rates than insured individuals. Resources such as the American Cancer Society also document that advanced-stage diagnosis leads to increased morbidity, decreased quality of life and survival and, often, increased costs.

13. What are the causes (not the symptoms) of these problems?
(If applying for \$5,000 or less, a response to question #13 is not required.)

The problem of risky teen sexual activity is a national one, and contributing factors include peer pressure, abusive relationships, socioeconomic factors, the childhood environment and media influence. There are some local realities in Monroe County, however, which are now resulting in some disturbing shifts in teen local health outcomes. Shifts which contribute to recent spikes in teen pregnancy and STI infection rates include:

- 1) The Monroe County Health Department (MCHD) has completely eliminated WomanKind's funding for free services to teens. Following a 2009 reduction of 45%, the MCHD completely eliminated cost-reimbursement funds for services to teens in their 2010-2011 fiscal year.
- 2) The Monroe County School District has been providing an Abstinence-Based (also referred to as Abstinence-Plus) Human Sexuality Program, which emphasizes the benefits of abstinence as the expected standard of behavior. This curriculum does not address the full range of reproductive health.
- 3) Funding cuts for key positions at other agencies has eliminated needed resources such as the Teen Wellness nurses at both Horace O'Bryant and Key West High Schools. In the past, these individuals worked with teens identified as being high-risk for issues including teen pregnancy, and facilitated referrals to WomanKind for free medical services.

The combination of the loss of funding for medical services, an educational system which does not provide comprehensive sexuality education, and the loss of counseling and educational staffing to provide accurate information, referral and support has resulted in a **recent escalation of teen pregnancy and infection with sexually transmitted infections** in our region. As we experience in situations with patients like Monica, teens need reliable access to accurate information, education and resources for potentially life-altering decision making around sexual activity. HSAB funding to WomanKind provides just this access.

The problem of the lack of health insurance coverage and affordable health care for the working middle class and poor is a national issue, with major and systemic causes. However, these causes are exacerbated and intensified by

*All names have been changed to protect patient identity.

conditions in our particular region. Monroe County has an extremely high cost of living, which presents a clear challenge for our target population. **The Key West Chamber of Commerce currently lists the overall Cost of Living Index for Monroe County as 142.82, well above the Florida's average of 100.**

The extremely high cost of living and lack of affordable housing in the Florida Keys has created a setting where many **so many like Beth live and work simply to pay for housing and basic expenses.** Additionally, increasing expenses, combined with a suffering economy, creates a setting in which it is extremely difficult for employers to offer health insurance to their employees.

While property values have dropped, the cost of housing still remains high in relation to income. With so many residents financially strapped because of housing-related costs, many are unable to afford the cost of annual preventative gynecological examinations, and testing for the most life-threatening health risks at a private gynecologist or primary care practitioner. Funding from the HSAB in support of accessible and affordable healthcare has allowed thousands of Keys residents to access life-saving medical screenings and treatments.

The lack of affordable and accessible health care for teens and working middle class and poor has serious consequences for our community. In order to cut costs, low and middle income workers like Beth may opt to treat physical health care as an optional expenditure. Teens like Monica may forgo preventative measures altogether if they encounter embarrassment or numerous barriers to accurate and effective medical care. Sadly, when preventative healthcare is postponed, and medical care is sought when illness or disease has progressed, or when a teen is pregnant and opting to drop out of school, the following is true: outcomes are poorer, and treatment and future care is more costly.

Women are often the caregivers in a community, taking care of children, husbands, and extended family. Ensuring that women have reliable access to affordable health care not only improves the lives of individuals like Monica and Beth, it ensures the welfare of our community as a whole. **Funding from the HSAB serves as an investment in the future of Monroe County** and supports both our residents of today and future generations.

14. Describe your target population as specifically as possible.

While WomanKind serves women from diverse backgrounds, our target population is women who would otherwise be unable to obtain healthcare. Among WomanKind's target population are the working middle class and poor, those who are uninsured, teens, racial and ethnic minorities, and those disproportionately impacted by disease and illness. We strive to serve all women of reproductive age from the teen years through menopause. Each year we deliver health care to over 1,500 women during the course of nearly 4,000 office visits.

Of WomanKind clients in 2010:

- 22% were teens
- Nearly 1/3 of our patients had a high school degree/GED or less,
- 73.7% had a household income of \$50,000 or less,
- 73.3% were uninsured,
- 21.7% were Hispanic,
- 14.2% spoke Spanish as their primary language,
- 27.8% were born in a country other than the United States,

WomanKind is designed to serve all women in the lower Florida Keys, which means that we serve women across the economic spectrum. WomanKind works to attract full-fee paying patients, who may even have private health insurance, but who choose to come to WomanKind for our high quality care. These women, in paying our full

*All names have been changed to protect patient identity.

fees, still benefit from excellent care at prices that are much less than any of the private gynecology offices in town. In paying our full-fees, these women also help to subsidize care for those women living at or below poverty level, who access our sliding scale. **This mix of full and sliding scale patients is part of WomanKind's sustainability plan**, in providing office visit revenue from those patients who are able to pay the full value of their health care services. This will be discussed in greater detail in question #19, "What financial challenges do you expect in the next two years, and how do you plan to respond to them?", below.

15. How are clients referred to your agency?

Any individual may present for services at WomanKind, and the agency works to reduce barriers, so that our clients do not have to "jump through hoops" to access services. We do not require a formal referral, and we attempt to make entry into services as client-centered as possible.

Our client satisfaction surveys and client intake forms repeatedly demonstrate that WomanKind's number one referral source is word of mouth. Women and teens often hear about WomanKind from friends, neighbors, classmates and co-workers. Since the founding of our grassroots, community-based agency nearly a decade ago, we have worked hard to establish the agency as a reputable and reliable resource. This message gets passed on from resident to resident, and produces our best marketing tool.

Clients are also referred to WomanKind from many agencies throughout the community. Top among referring social service agencies are:

- ✓ The Keys Center for Girls (formerly PACE),
- ✓ The Florida Keys Healthy Start Coalition and Healthy Start,
- ✓ The Domestic Abuse Shelter,
- ✓ The Care Center for Mental Health,
- ✓ Wesley House,
- ✓ Healthy Families Monroe,
- ✓ Monroe County Health Department, and
- ✓ Samuel's House.

All of the private gynecology offices in Key West are familiar with WomanKind, and often refer patients who express an inability to pay private office fees to our facility. We often hear from patients, **especially teens, that they prefer WomanKind's all-female staff for sensitive and private gynecological exams over a male physician.**

WomanKind invests time and effort in outreach and community education, including widely-attended, regularly scheduled, low-cost educational forums. In the past year, we have presented topics including financial planning, diet and nutrition, and Alzheimer's Disease. Our Hispanic Outreach worker currently meets with non-English speaking women in their workplaces, circulates written materials (in both English and Spanish) about our agency services in the Key West community, and encourages women to schedule for medical services. Additionally, staff members consistently attend community events and health fairs to distribute information about the availability of follow-up and/or additional services at WomanKind.

Teens who exhibit high-risk behavior are frequently referred to our center by school counselors, nurses and other child advocates. The counselor at the Keys Center for Girls (formerly PACE) routinely brings several students at a time to WomanKind for healthcare. **Many parents also bring their teens to the clinic for abstinence, contraceptive and risk reduction counseling, as well as for healthcare and screening.**

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

*All names have been changed to protect patient identity.

WomanKind recognizes that the front office staff, from the receptionist to the medical assistants, serves as potential gatekeepers to care. The agency invests in regular customer service training with a professional consultant in order to ensure that staff facilitates easy access to care for those who are the neediest and most vulnerable.

To ensure that clients are eligible for free or reduced fee care, staff members are trained to screen all prospective clients when they make their initial phone call to WomanKind. Those women who are uninsured, and who wish to apply for sliding scale fees, are asked to bring documentation of their financial situation. This could include a pay stub, a W-2 form, an unemployment or social security check stub, or a letter from their employer. While we request proof of income, our federal Title X regulations prohibit the agency from requiring documentation for clients to be eligible for sliding scale services.

A WomanKind staff member then meets with the client and discusses total household income and number of individuals supported by that income. Federal Poverty Guidelines are used to determine what percentage of full fee the client will pay. **No client is turned away based on an inability to pay for care.** Our neediest clients are given priority when assistance or vouchers are issued for secondary care services.

17. Describe any networking arrangements that are in place with other agencies.

WomanKind has formed numerous networking arrangements with organizations, foundations and entities in order to secure the provision of important health outreach, education, screening, and follow-up care to women and teens in our community. Our linkages with collaborating organizations have facilitated the sharing of resources, leveraging of additional revenue and a reduction in service duplication. Outlined below are some of WomanKind's key networking arrangements:

- **Monroe County Health Department (MCHD)** - WomanKind contracts with the Monroe County Health Department (MCHD) to provide family planning services to qualifying low-income women and teens. WomanKind provides the clinical facility, personnel and associated costs, while the Health Department provides free family planning related antibiotics and contraception. This arrangement also allows WomanKind to send sexually transmitted infection (STI) specimens to the Florida Health Department laboratory. For our patients living at or below poverty level, the state lab processes and reports STI tests at no cost to the agency.

Until this fiscal year, the MCHD provided reimbursement on a per capita basis for family planning services provided by WomanKind. This allowance was eliminated this year because of state funding cuts.

The MCHD provides some limited funding for HIV+ women to receive full gynecological examinations at WomanKind. The MCHD also provides supplies, testing equipment and required trainings for WomanKind staff to offer free and confidential HIV pre- and post-test counseling and testing.

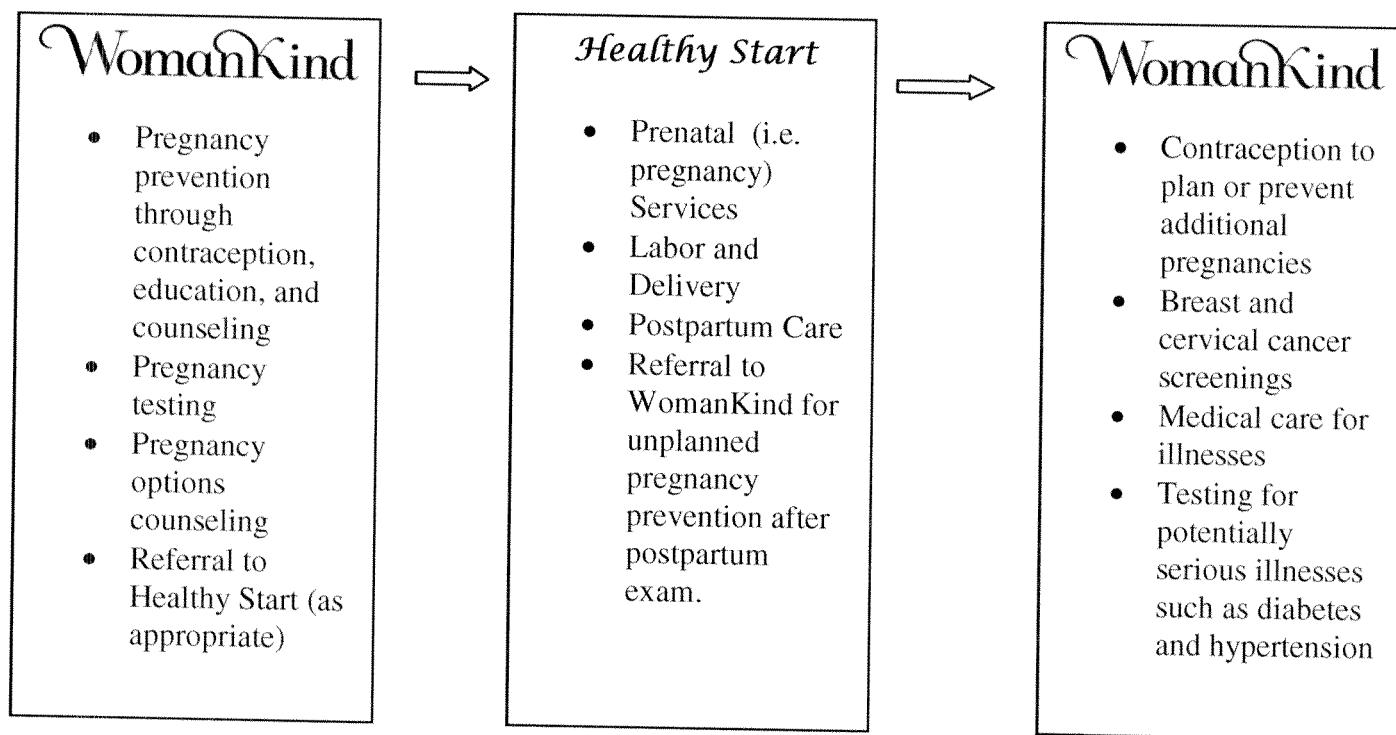
WomanKind is exploring the possibility of taking over all family planning services from the MCHD throughout the lower and middle Keys in FY 2011-2012. This pending arrangement would allow our organizations to entirely eliminate all duplication of family planning services in the area.

- **Planned Parenthood of South Florida and the Treasure Coast** - WomanKind networks with Planned Parenthood to provide women's healthcare on their behalf in the Lower Keys and Key West, as it was not economically feasible for this agency to provide services in this region. Planned Parenthood provides technical assistance, training, equipment and funding in return. *Funding provided by Planned Parenthood could be jeopardized by proposed cuts to this national organization in 2011-2012.*

*All names have been changed to protect patient identity.

- **The Florida Keys Healthy Start Coalition** - WomanKind works with the FKHSC to provide seamless preconception, prenatal, postpartum and interconceptional care to women in our community. Due to the high cost of professional liability insurance for medical providers who provide obstetrics, WomanKind *does not provide prenatal care for pregnant women*. Our agency has determined that we would be unable to provide free and affordable breast and cervical cancer screenings, contraceptive management, pregnancy prevention, and basic primary care if we took on the greatly increased cost of malpractice insurance that included coverage for obstetrics.

As soon as a woman tests positive for pregnancy at WomanKind, our staff discusses pregnancy options with the patient. If she wishes to carry her pregnancy to term, the WomanKind staff member connects the patient to Healthy Start. The Healthy Start program then provides services free of charge, including assistance with Medicaid, nutritional counseling, childbirth and breastfeeding education, and assistance to help pregnant women obtain prenatal care. After the birth of the child and the six-week follow-up postpartum exam, Healthy Start then refers the patient back to WomanKind for interconceptional care. WomanKind provides gynecological exams and birth control methods, so that women can appropriately space their pregnancies. We also offer longer-term contraceptive methods, such as intrauterine devices, for women desiring significant spacing or who no longer wish to bear children. The following chart depicts WomanKind referral relationship with Healthy Start:



- **Lower Keys Medical Center (LKMC)** – WomanKind’s new Executive Director has advocated for and secured special pricing from the hospital for women referred from our agency. In 2010, WomanKind brought new grant funding into Monroe County from the Susan G. Komen Foundation. The agency dedicated a portion of this funding to be spent specifically on secondary care, in order to provide breast health diagnostics outside of the scope of WomanKind’s practice. In order to leverage this funding, WomanKind arranged a 50% price reduction from LKMC for those women presenting with a

*All names have been changed to protect patient identity.

WomanKind/ Komen voucher. This allows the agency to spread the funding twice as far, and serve a greater number of women in need of breast health medical services.

- WomanKind networks with **Key West Diagnostics** to provide services such as Bone Density Scans and ultrasounds at a greatly reduced fee for low-income women referred by WomanKind. For example, a qualifying **WomanKind patient pays only \$200 for a pelvic and transvaginal ultrasound, while a patient referred by a private gynecologist would pay nearly \$900 for the same test.**
- **Zonta Club of Key West** - One key WomanKind staff member is Zonta's President-elect, Service Committee Co-chair and as a member of the Board of Directors of Zonta. This involvement has facilitated a close partnership between our healthcare organization and this civic organization. WomanKind and Zonta recently completed a three-year HPV Initiative, which included a series of vaccination clinics at Florida Keys Community College. Through community fundraising efforts, the Zonta program provides vouchers to WomanKind for important cancer screening services. WomanKind issues Zonta vouchers to qualifying, uninsured WomanKind patients in need of a mammogram and Pap tests who express an inability to pay.

Recognizing a pressing and unmet need for education and screening, in 2010 and 2011 the Zonta Club of Key West provided local women with the tools they need in order to take charge of their heart health through a Women's Heart Health Initiative implemented at WomanKind. The program provided education, screening, and diagnostics to women in our Lower Keys community. Generous funding by Zonta allowed access to un/underinsured women without needed financial resources to simple, yet potentially lifesaving, screening tests for what is the number one killer of women in the United States.

In 2010, WomanKind and Zonta also partnered to facilitate a discussion exploring a recent increase in the incidence of teen pregnancy in Monroe County. The purpose of the gathering was to collect information from the key community players about occurrences of teen pregnancy within our island community. Attendees clarified misperceptions, shared knowledge and developed an overall picture of the shifting teen pregnancy landscape in the Lower Keys. As a result of this partnership, ***Zonta has proposed dedicating matching funds to WomanKind's 2011 application to the Lalor Foundation to cover the cost of reproductive health services to teens in Monroe County.***

- **The Florida Keys Area Health Education Center (AHEC)** - WomanKind has several current Memorandums of Agreement with AHEC. WomanKind serves as a training site for AHEC-placed medical, physician assistant and nursing students. WomanKind has also partnered with AHEC to provide smoking cessation pharmaceuticals, screenings, counseling and referrals.

This past year, WomanKind also partnered with AHEC, the Florida Keys Community College (FKCC) and Metropolitan Community Church (MCC) to create "Partners in Care". This weekly free clinic provides basic medical care to the uninsured homeless in Key West. Partners in Care is the ideal example of agency collaboration; in this project, each partnering organization donates resources such as staffing, facilities and materials in order to provide a service that no one agency would be able to provide alone.

18. List all sites and hours of operation.

3142 Northside Drive
Suite 101
Key West, FL 33040

Mon, Tues, Weds, Friday 8 a.m. – 5 p.m.

*All names have been changed to protect patient identity.

Thursdays 8 a.m. – 6 p.m.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

Early in the agency's history, WomanKind maintained a 50-50% balance of full-fee and sliding scale patients. In paying our top fees, full-fee women helped to offset costs for those who qualified for free or reduced cost care. As the local and national economy deteriorated, however, the number of women needing and qualifying for services on our sliding scale increased dramatically. WomanKind is no longer able to fully support the cost of service delivery to the low-income, uninsured residents of Monroe County based on this traditional financial model alone, and now actively seeks funding from alternate sources of revenue, including grants, contracts, special events and contributions.

Since our last application to the HSAB, WomanKind completely lost our largest source of funding to subsidize low-income women needing reproductive health services. Disturbingly, while we are at a point in time when more residents need financial assistance to access basic healthcare, the MCHD slashed WomanKind's funding from \$82,000 to \$45,000 at the beginning of the 2009-2010 fiscal year, and completely eliminated all funding in the 2010-2011 year. HSAB funding has become critical to service continuation and the leveraging of funding from outside of the region following the major loss of this support.

Another financial challenge comes with the federal Title X funding WomanKind receives via our contract with Planned Parenthood of South Florida. After the HSAB, Planned Parenthood provides our largest single source of financial support. This funding was in jeopardy due to Congressional debate over the federal budget, and it is unclear what the final outcome will be as of the writing of this grant application.

Even with continued Planned Parenthood support, the agency encounters several financial challenges as a result of the federal requirements associated with this funding stream. Title X imposes upon its grantees and delegate agencies a range of strict requirements and restrictions, which impacts our ability to generate revenue. One example includes the Title X requirement that ALL family planning related services, supplies and laboratory testing be provided on a sliding scale, regardless of whether the agency has a funding stream to reimburse for that service.

For example, the agency offers Intrauterine Devices (IUD) as one form of long-term, highly effective contraception. As we are unable to obtain the IUD for free or at a greatly reduced cost via any vendor, the agency purchases these devices for resale. WomanKind is required by Title X to charge for the IUD on a sliding fee scale, with equal price increments, down to \$0 for women below poverty level. One type of IUD costs the agency \$450 per device. WomanKind can raise the full-fee amount of this method enough to cover our cost. However, if we have only 5 women who present for an IUD in a year, and four of them qualify for free services, we would have to charge the one full-fee paying patient \$2,250 to cover the cost of free IUDs for the others. Obviously, this is not possible! WomanKind relies on HSAB funding to support the cost of service delivery to low-income, uninsured women and teens whose care is not supported by our fee-paying clientele alone.

To address the real current and potential future deficits in our funding, WomanKind is utilizing several strategies to increase revenues:

- WomanKind is transitioning from an entirely fee-for-service organization, to one that accepts Medicare, Medicaid, and a range of private health insurances. While in many cases Medicaid reimbursement does not even cover the cost of laboratory tests or medical services, it is our desire to diversify revenue streams, increase the number of individuals served, and utilize our medical staff to its fullest capacity. We have secured provider numbers for both the agency and each individual medical provider, and are in the process of initiating medical billing and collection processes.

- The agency has retained a dedicated grant writer. This person is tasked with increasing government and non-government grant revenues and expanding foundation support of WomanKind.
- WomanKind has spearheaded new outreach and marketing efforts in order to increase our full-fee clientele. This includes our recent series of educational forums, which deliver information on topics intended to reach primarily an upper-income potential client base. We are in the planning stages of offering complimentary services, such as skin care and bio-identical hormones, in order to attract women of means and increase earned income for the organization.
- We have increased clinical service delivery hours and expanded our medical staff.
- WomanKind is increasing our utilization of volunteer help in our clinical practice. This includes a summer intern with a B.S. in Health and Wellness from the University of North Carolina who will be concentrating specifically on the teen population.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #20 is not required.)

As WomanKind has succeeded in securing grant support from a greater number of funding sources, our data collection and reporting requirements have increased exponentially. The organization has enlisted the assistance of one of our newest board members, David Oatway, who is a member of the Lower Keys Hospital District Board and president of Chesapeake Applied Technology. Mr. Oatway is donating his time and expertise to the agency to assist in the development of more sophisticated medical office software to track service utilization and outcomes.

A second organizational challenge relates to requirements imposed by the federal government via our Title X family planning funding. In years past, WomanKind provided all family planning related services to teen patients completely free of charge. The federal government now requires a fee-assessment for teens, just as we have always performed with our adult patients. Within these guidelines, however, a teen seeking confidential family planning services who is unaware of their family income and/or does not have access to parental financial support, is fee-assessed based on their income alone. The benefit to this requirement is that those teens who present to WomanKind with their mom and/or dad and who do have the ability to pay for services, are now charged their fair share for medical care. Those who do not have access to money are still seen for free. We have received some feedback that some teens are hesitant to seek services because we now charge some teens. The agency is increasing outreach and education efforts so **that teens in the community fully understand that finances are never a barrier to care at WomanKind.**

The final organizational challenge is WomanKind's physical operating space. The agency occupies the same office now as when we were founded a decade ago. ***The difference is that we delivered 400 office visits the first year, and now deliver nearly 4,000 visits annually.*** The organization has far outgrown our current operating space. This impacts our ability to serve the number of women who need care. With only two examining rooms, we utilize our current space to maximum capacity. We currently have absolutely no ability to increase clinical staffing, diversify services, and deliver additional, needed care. At the time of the writing of this grant application, the agency has submitted a request for a bank loan, and is hoping to relocate into a larger physical space. Without bank approval, this move will not occur. As a result, we have attached two agency budgets to this HSAB application. One attachment is WomanKind's proposed budget in the event of a move, the other assumes that we remain in our current physical space.

21. How are clients represented in the operation of your agency?

Most of our staff and board members are patients at WomanKind, and support the agency as consumers of both physical and mental health care. Our staff and board support and use WomanKind's services because we believe in the quality of the care that the agency delivers to the larger community. Additionally, many of our volunteers give their time to demonstrate their appreciation for services that they, or their friends or family members, have received.

22. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response to question #22 is not required.)

WomanKind is monitored by several outside entities:

- ✓ Planned Parenthood - annually
 - ✓ Florida Department of Health – annually
 - ✓ U.S. Department of Health and Human Service Public Health Service Region IV – every three years.
- The results of our most recent audit included favorable evaluations, with two recommendations for continued quality assurance (See Attachment P).

WomanKind is also monitored by numerous medical agencies for quality assurance and medical regulation compliance, including:

- ✓ Florida Department of Professional Regulation,
- ✓ Florida Board of Nursing,
- ✓ State of Florida Clinical Laboratory Improvement Amendments (CLIA), and
- ✓ The Agency for Healthcare Administration (AHCA).

23. 432 hours of program service were contributed by 12 volunteers in the last year.

24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No

25. What measurable outcomes do you plan to accomplish in the next funding year?

WomanKind will provide health care access to **low-income, uninsured Monroe County residents**, predominantly **teens and women of reproductive age**. Our measurable outcomes will include a count of **patient encounters**, including primary and gynecological medical care delivered to low-income uninsured women, during the grant period.

Patient encounters will include primary and gynecological medical visits which screen for, and in some cases treat, the most prevalent and pressing health conditions including diabetes, cancers such as breast, cervical and colon, sexually transmitted infections (STIs) including HIV, and heart disease. The earlier these conditions are detected, the lower the cost for treatment, and the more positive the health outcomes.

26. How will you measure these outcomes?

(If applying for \$5,000 or less, a response to question #26 is not required.)

To measure these outcomes, we will use several tools including our medical office scheduling software (MedStar Systems), weekly timesheets, the daily receipts register, and Executive Director's monthly report. Each of these tools will be used to track and measure identified indicators. We will adjust clinical schedules to meet client demand as needed.

Another piece of data we will monitor is the wait time for an annual well-woman examination. As often those with pressing problems or chaotic schedules do not follow-through with appointments if they are forced to wait too long after calling to schedule. WomanKind will ensure that clients are seen in a timely manner, and do not experience barriers to healthcare services.

27. Provide information about units of service below. (If applying for \$5,000 or less, a response to question #26 is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Nurse Practitioner	1 patient hour	\$39
Registered Nurse	1 patient hour	\$21
Teen Outreach Coordinator	1 patient hour	\$10

28. In 300 words or less, address any topics not covered above (optional).

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		Attachments E and F include projected Revenue and Expenses both in the event of a move or without a move of WomanKind's physical space.
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	N/A
R. Other (specify) TWO PAGE LIMIT		X	N/A

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

directors.

Womankind, Inc.

FY12

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration
Janis Childs, President	Artist & Owner SoDu Gallery	Key West, FL	296-4400	7	2012
The Honorable Peary Fowler, Vice President	Monroe County Judge	Key West, FL	292-3517	6	2012
Colleen Quirk, Treasurer	CFO, FishBusterz	Key West, FL	797-9283	7	2012
Elisa Levy, Secretary	Consultant, Elisa Levy Seminars	Key West, FL	296-5437	4	2012
David Oatway	President, Chesapeake Applied Technology	Key West, FL	295-8261	<1	2013
Michelle Maxwell, Esquire	Attorney, Horan, Wallace and Higgins	Key West, FL	294-4585	1	2012
Mona Clark	Retired School District; Utility Board Member	Key West, FL	304-8665	7	2011
Margit Bisztray	Self-employed, Writer and T.V. Host	Key West, FL	304-5649	1	2012
Amber Shaffer	Owner, All Keys Construction	Cudjoe Key, FL	294-9119	<1	2012
Kim Flowers	Interior Designer	Key West, FL	296-6949	<1	2012

**ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

WOMANKIND, INC.
BOARD OF DIRECTORS MEETING
January 11, 2010

Board members present:	Colleen Quirk, Elisa Levy, A.B. Maloy, Janis Childs, Mona Clark, Leslie Concepcion, Peary Fowler
Womankind staff present:	Betsy Langan, Cali Roberts, Gail Hardy
Call to Order:	
Approval of Meeting Minutes:	The Board agreed to the following changes to the December 2009 minutes: Old Business/Events – Peary and Judge Taylor will take Ed Knight to dinner. Governance - AB already gave input on the policy and procedure manual. AB moved to approve the amended minutes. Leslie seconded. All were in favor.
President's/Treasurer's Report:	Colleen congratulated Betsy for a great job balancing the budget.
Executive Director's Report:	<p>The Board agreed that it was premature to pass the annual budget given the changes within the organization, and decided to resume discussions once the new Executive Director is in place.</p> <p>Janis will host the February M&G at her house on Feb. 10th.</p> <p>Betsy alerted the Board about Maureen Kempa's accident during Smart Ride.</p>
Development Director's Report:	No report
Old Business:	<p>Committees: No reports</p> <ul style="list-style-type: none"> • <u>Fundraising:</u> • <u>Events:</u> • <u>Marketing:</u> • <u>Education:</u> • <u>Finance:</u> • <u>Governance:</u>
New Business:	<p>The Board voted to approve a new member, Michelle Maxwell: Elisa moved to accept the nomination; Peary seconded. All were in favor. Elisa will mentor her.</p> <p>Information on new nominees will be sent to the Governance committee. Possible members include Sandy Rodriguez and Melissa Impallomeni</p> <p>Marian Briscoe is available for our next Board retreat. Betsy</p>

	<p>passed around a sign up sheet for possible dates, and will get back to the Board with a final date.</p> <p>Officers for next term were elected. They include: President: Janis Childs VP: Peary Fowler Treasurer: Leslie Concepcion Secretary: Elisa Levy</p> <p>The new officers will start at the February 2010 meeting.</p> <p>Maggie decided to resign.</p> <p>Cali has expressed interest in taking the lead on the Croquet tournament. The Board agreed that if Cali takes on this responsibility, her salary should be reconsidered.</p> <p>Betsy's proposed contract was discussed and reviewed. Colleen motioned to accepted it; Mona seconded. All approved.</p> <p>A.B. Malloy asked the Board to consider her for the position of ED.</p>
--	--

The meeting adjourned at 6:55 p.m. A motion was made by AB and seconded by Peary.

Respectfully submitted,

Elisa Levy

ATTACHMENT B - AGENCY COMPENSATION DETAIL

FY12

Include each position in the entire agency.

Put an "X" next to each position directly related to program for which funding is requested.

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

WomanKind, inc.

Position Title		Proposed - Upcoming Year Ending:		Projected - Current Year Ending:	
		12/31/2012		12/31/2011	
		# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Teen Outreach Coordinator	X	0.60	12,980	0.60	12,980
Breast Health Program		0.80	41,908	0.80	41,908
Advanced Registered Nurse Practitioner	X	1.00	89,816	1.00	87,200
Mental Health Counselor		0.08	4,088	0.08	4,088
Grant Writer		0.80	55,298	0.80	55,298
Assistant Director		1.00	67,700	1.00	67,700
Executive Director		1.00	85,276	1.00	85,276
Front Desk		1.00	34,420	1.00	34,420
Registered Nurse	X	0.80	40,244	0.80	40,244
Part-time front desk support		0.40	10,484	0.40	10,484
Totals	3	7.48	442,214	7.48	439,598

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

Womankind, inc.

*This attachment has changed; please note asterisked information at the bottom of page.
Delete or type over sample information shown.*

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 1/19 /11
Reproductive health/ family planning	Women who experience barriers to healthcare, including the low-income uninsured, teens and the working middle class and poor. Our target population includes all women of reproductive age, from the teen years through menopause	12,715	Monroe County: Big Pine to Key West	Mon, Tues, Weds, Fri 8 a.m. to 5 p.m.; 8 a.m. to 6 p.m. Thursdays (Teen Clinic p.m.)	2188 patients served over the course of 3,356 office visits	24
Prescribed contraceptive method	Women of reproductive age	4,293	Monroe County: Big Pine to Key West	Mon, Tues, Weds, Fri 8 a.m. to 5 p.m.; 8 a.m. to 6 p.m. Thursdays (Teen Clinic p.m.)	1,417	5
Pap tests	Women teen through menopause	12,715	Monroe County: Big Pine to Key West	Mon, Tues, Weds, Fri 8 a.m. to 5 p.m.; 8 a.m. to 6 p.m. Thursdays (Teen Clinic p.m.)	694	5
Management of abnormal pap smears (potentially pre-cancerous)	Women teen through menopause	12,715	Monroe County: Big Pine to Key West	Mon, Tues, Weds, Fri 8 a.m. to 5 p.m.; 8 a.m. to 6 p.m. Thursdays (Teen Clinic p.m.)	145	3

* Active clients = Unique
Clients served within the
past three years with a
medical record in
Medstar software system

ATTACHMENT D - COUNTY FUNDING BUDGET

Show the proposed budget detail for the County funds requested.
The total must match with the total funding requested.

FY12
WomanKind, inc.

	Proposed Expense Budget for Upcoming Year Ending:	
	12/31/2012	
Expenditures	Total	%
Salaries	80,000	100.0%
Payroll Taxes		0
Employee Benefits		0
Subtotal Personnel	80,000	100.0%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
		0
Total Expenses	80,000	100.0%

ATTACHMENT E - AGENCY EXPENSES WITH MOVE

FY12

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

WomanKind, inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12 / 31/12		12/31/2011	
Expenditures	Total	%	Total	%
Salaries	493,439	50%	490,982	51%
Payroll Taxes	44,723	5%	44,501	5%
Employee Benefits	38,600	4%	38,600	4%
Subtotal Personnel	576,762	59%	574,083	59%
Postage	1,030	0%	1,000	0%
Office Supplies	10,137	1%	9,842	1%
Telephone	7,725	1%	7,500	1%
Professional Fees	82,567	8%	80,162	8%
Rent	85,791	9%	83,292	9%
Utilities	7,725	1%	7,500	1%
Repair and Maint.	15,450	2%	15,000	2%
Travel	1,030	0%	1,000	0%
Bank Charges	206	0%	200	0%
Bank Loan for Relocation	12,360	1%	12,000	1%
Credit Card Commissions	5,959	1%	5,785	1%
Donations	412	0%	400	0%
Dues and Subscriptions	515	0%	500	0%
Equipment Purchases	5,150	1%	5,000	1%
Equipment Rental	618	0%	600	0%
Insurance	11,757	1%	11,415	1%
Laboratory Fees	43,260	4%	42,000	4%
Licenses and Permits	5,150	1%	5,000	1%
Medical Supplies	14,060	1%	13,650	1%
Prescriptions Purchased for Resale	41,097	4%	39,900	4%
Printing and Reproduction	5,150	1%	5,000	1%
Program Expenses	20,600	2%	20,000	2%
Program Promotion	15,450	2%	15,000	2%
Subsidized Health Care	11,287	1%	10,958	1%
		0		0
Total Expenses	981,247	100%	966,787	100%
Revenue Over/(Under) Expenses	1		785	

ATTACHMENT E - AGENCY EXPENSES NO MOVE

FY12

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

WomanKind, inc.

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12/31/2012		12/31/2011	
	Total	%	Total	%
Salaries	403,455	53%	400,998	53%
Payroll Taxes	37,291	5%	37,064	5%
Employee Benefits	38,600	5%	38,600	5%
Subtotal Personnel	479,346	63%	476,662	63%
Postage	1,030	0%	1,000	0%
Office Supplies	7,622	1%	7,400	1%
Telephone	5,150	1%	5,000	1%
Professional Fees	77,417	10%	75,162	10%
Rent	45,163	6%	43,848	6%
Utilities	5,150	1%	5,000	1%
Repair and Maint.	6,180	1%	6,000	1%
Travel	1,030	0%	1,000	0%
Bank Charges	206	0%	200	0%
Credit Card Commissions	4,227	1%	4,104	1%
Donations	412	0%	400	0%
Dues and Subscriptions	515	0%	500	0%
Equipment Purchases	1,545	0%	1,500	0%
Equipment Rental	618	0%	600	0%
Insurance	5,933	1%	5,760	1%
Laboratory Fees	30,900	4%	30,000	4%
Licenses and Permits	1,030	0%	1,000	0%
Medical Supplies	10,815	1%	10,500	1%
Prescriptions Purchased for Resale	30,900	4%	30,000	4%
Printing and Reproduction	2,369	0%	2,300	0%
Program Expenses	20,600	3%	20,000	3%
Program Promotion	15,450	2%	15,000	2%
Subsidized Health Care	11,287	1%	10,958	1%
Total Expenses	764,895	100%	753,894	100%
Revenue Over/(Under) Expenses	11,462		13,109	

ATTACHMENT F - AGENCY REVENUE NO MOVE

FY12

WomanKind, inc.

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	12/31/2012			12/31/11		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County (HSAB)	80,000		10%	70,000		9%
Children and Fam			0%	0		0%
M.C. Sheriff's Dept.			0%	0		0%
Key West			0%	0		0%
Marathon			0%	0		0%
Islamorada			0%	0		0%
Layton			0%	0		0%
Key Colony Beach			0%	0		0%
Client fees	268,000		35%	268,000		35%
Donations	34,357		4%	34,357		4%
Sheriff Shared Asset	9,000		1%	9,646		1%
United Way			0%	0		0%
List all others below			0%			0%
Special Events	97,000		12%	97,000		13%
Grants/Foundations	201,000		26%	201,000		26%
Contracts	87,000		11%	87,000		11%
			0%			0%
			100%			100%
Total Revenue	776,357	0		767,003	0	

ATTACHMENT F - AGENCY REVENUE WITH MOVE

FY12

WomanKind, inc.

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	12/31/2012			12/31/2011		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County (HSAB)	80,000		8%	70,000		7%
Children and Fam			0%	0		0%
M.C. Sheriff's Dept.			0%	0		0%
Key West			0%	0		0%
Marathon			0%	0		0%
Islamorada			0%	0		0%
Layton			0%	0		0%
Key Colony Beach			0%	0		0%
Client fees	376,518		38%	374,625		39%
Donations	83,386		8%	80,957		8%
Sheriff Shared Asset	9,000		1%	9,646		1%
United Way	0		0%	0		0%
List all others below	0		0%			0%
Special Events	103,308		11%	103,308		11%
Grants/Foundations	220,436		22%	220,436		23%
Contracts	87,000		9%	87,000		9%
Rental Income	21,600		2%	21,600		2%
			0%			0%
			0%			0%
			100%			100%
Total Revenue	981,248	0		967,572	0	

WOMANKIND, INC.

Financial Statements with
Independent Auditors' Report Thereon and
Schedule of Financial Assistance

For the Year Ended December 31, 2009

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
WomanKind, Inc.

We have audited the accompanying statement of financial position of WomanKind, Inc., (the "Company") (a non-profit organization) as of December 31, 2009, and the related statement of activities and cash flow for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States, and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Nonprofit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of WomanKind, Inc. as of December 31, 2009, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued a report dated June 15, 2010 on our consideration of WomanKind, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of WomanKind, Inc. taken as a whole. The accompanying schedule of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Smith, Ortiz, Gomez & Bugzi PA

June 15, 2010

WOMANKIND, INC.
Statement of Financial Position
December 31, 2009

Assets

Current assets	
Cash	\$ 68,023
Contracts and other receivables	33,262
Other assets	4,264
Total current assets	<u>105,549</u>
Assets restricted to investment in furniture and equipment	49,581
Accumulated depreciation	<u>(46,208)</u>
Net assets restricted to investment in furniture and equipment	<u>3,373</u>
Total assets	<u>\$ 108,922</u>

Liabilities and Net Assets

Current liabilities	
Line of credit	\$ -
Accounts payable and accrued expenses	10,011
Total current liabilities	<u>10,011</u>
Net assets	
Unrestricted	95,538
Restricted to investment in furniture and equipment	<u>3,373</u>
Total net assets	<u>98,911</u>
Total liabilities and net assets	<u>\$ 108,922</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Statement of Activities

For the Year Ended December 31, 2009

Public support and revenue	
Grant revenue and contract fees	\$ 318,684
Contributions, including in-kind contributions	24,117
Benefits	<u>95,511</u>
	<u>438,312</u>
Revenue	
Prescription sales	33,281
Office visits	183,942
Other income	<u>3,363</u>
Total revenue	<u>220,586</u>
Total public support and revenue	<u>658,898</u>
Expenses	
Salaries and related costs	361,763
Contract labor	25,401
Insurance	23,290
Laboratory fees	44,647
Medical director	6,000
Medical supplies	8,800
Office supplies	7,423
Professional fees	69,216
Rent	43,443
Depreciation	3,692
Repairs and maintenance	6,589
Subsidized health care	4,590
Utilities	9,634
Program promotion	13,402
Interest expense	11
Office expense	15,324
Prescription purchases	<u>23,229</u>
	<u>666,454</u>
Increase in net assets	(7,556)
Net assets, beginning of year	<u>106,467</u>
Net assets, end of year	<u>\$ 98,911</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Statement of Cash Flows

For the Year Ended December 31, 2009

Cash flows from operating activities:	
Change in net assets	\$ (7,556)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	3,692
Decrease in contracts, other receivables and other assets, net	(20,093)
Increase in accounts payable	<u>6,891</u>
Net cash used by operating activities	<u>(17,066)</u>
Cash flows used by investing activities:	
Acquisition of equipment	<u>(2,184)</u>
Cash flows from financing activities:	
Line of credit repayments, net	<u>-</u>
Net decrease in cash and cash equivalents	(19,250)
Cash and cash equivalents, at beginning of year	<u>87,273</u>
Cash and cash equivalents, at end of year	\$ <u><u>68,023</u></u>
Interest paid during the year	\$ <u><u>11</u></u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies

a) Organization

WomanKind, Inc. ("the Company") is a nonprofit organization developed to provide accessible and affordable primary, gynecological and mental health care that is safe, individualized, humanistic and prevention focused to women through the lifecycle, regardless of ethnicity or socioeconomic level. Key among the Company's target groups are women who experience barriers to healthcare, including racial and ethnic minorities, the indigent uninsured or underinsured, and the working poor. Services are provided in Monroe County. The Company's funding comes primarily from public and private grants, community partnerships and client fees. Since its inception, the Company has rapidly become a valuable resource and a leader in women's healthcare and education in Monroe County. In 2009, the company served a total of 1,552 patients during 3,994 clinical visits.

b) Basis of Presentation

The Company's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Company and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Company and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Company. Generally, the donors of these assets permit the Company to use all or part of the income earned on any related investments for general or specific purposes.

The primary sources of revenue for the Company consist of grants which, absent a specific restriction by the grantor, are considered to be available for unrestricted use, and contract fees. Included in contract fees is reimbursement on a fee for service basis with the State of Florida, Department of Health. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies - (Cont.)

b) Basis of Presentation - (Cont.)

The costs of providing the various programs and other activities have been detailed in the accompanying Statement of Activities.

Salaries and other expenses which are associated with specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

c) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Donated furniture and equipment with values in excess of \$1,000 represent "in-kind" donations to the Company from private organizations and are recognized as support when received.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies - (Cont.)

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses is incurred.

The Company records revenue when earned. The Company does not record any accounts receivable on office visits. As a result of significant delays or non-payment this income is recorded when received. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services as revenue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Company was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

g) Allocation of Common Expenses

Certain common expenses which benefit more than one program are allocated based on estimates of time of employees involved and on percentages of assets utilized, and to the extent permitted in the funding source contracts.

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Company considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies - (Cont.)

i) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

j) Long-Lived Assets

The Company reviews the carrying value of its long lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. No adjustment has been provided for in the financial statements.

2. Summary of Funding, Accounts Receivable and Deferred Support.

The Company is funded through grants and contracts from various funding sources. The following summarizes major grant activity for the year ended December 31, 2009.

	<u>Support</u>	<u>Receipt</u>
Monroe County Health Dept.	\$ 77,088	71,352
Health Foundation	8,536	8,536
Board of County Commissioners - Monroe County, Florida (HSAB)	67,603	54,627
Zonta Club Grant	6,894	5,977
Planned Parenthood & Other (Contract Fee)	53,603	40,000
Avon Grant	40,000	40,000
Monroe County Sheriff Grant	8,400	8,400
Blue Foundation	20,300	20,300
Klaus Murphy Foundation	30,000	30,000
Other	6,260	6,260

Grant and contract fees for the year ending December 31, 2009 amounted to \$318,684. At December 31, 2009 contracts and other receivable amounted to \$33,262. Of this amount, \$13,923 represent grant receivables, \$5,736 represent contract receivables (Monroe County Health Department) and \$13,603 is due from contract fees.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

3. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at December 31, 2009:

Computer	\$ 11,926
Furniture and fixtures	17,734
Office equipment	6,965
Lease improvements	<u>12,956</u>
Total costs	49,581
Less accumulated depreciation	<u>(46,208)</u>
	<u>\$ 3,373</u>

Depreciation expense for the year ended December 31, 2009 amounted to \$3,692.

4. Line of Credit

On May 14, 2002 the Company entered into an unsecured line of credit facility agreement with a local bank. This agreement was for \$7,500 to be used for working capital purposes. In 2003 the amount was increased to \$25,000. The line of credit currently carries interest at 5.25% per annum. Draws outstanding at December 31, 2009 amounted to \$0.00. Interest expense for 2009 was \$11.

5. Facilities Cost

The Company's premises are located in Key West, Florida. Rent expense for the year amounted to \$43,443. The Company's monthly rent amounts to \$3,620.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

6. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.

WOMANKIND, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended December 31, 2009

<u>Program Title</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>	<u>Deferred Support</u>
Zonta Club	-	-	\$ 6,894	5,977	6,894	917	-
Health Foundation of South Florida	-	2002-19	8,536	8,536	8,536	-	-
Board of County Commissioners of Monroe County, Florida	-	-	67,603	54,627	67,603	12,976	-
Avon Grant	-	-	40,000	40,000	40,000	-	-
Monroe County Sheriffs Department	-	-	8,400	8,400	8,400	-	-
Blue Foundation	-	-	20,300	20,300	20,300	-	-
Klaus Murphy Foundation	-	-	30,000	30,000	30,000	-	-
Monroe County Health Dept.	-	-	77,088	71,352	77,088	5,736	-
Florida Keys AHEC	-	-	2,300	2,300	2,300	-	-
Planned Parenthood	-	-	53,603	40,000	53,603	13,603	-
Florida Keys Healthy Start Coalition	-	-	3,360	3,360	3,360	-	-
Other	-	-	600	600	600	-	-
Total			<u>\$ 318,684</u>	<u>285,452</u>	<u>318,684</u>	<u>33,232</u>	<u>-</u>

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
WomanKind, Inc.:

We have audited the financial statements of WomanKind, Inc. (the "Company") as of and for the year ended December 31, 2009 and have issued our report thereon dated June 15, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Company's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Company's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a

condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions as defined above.

This report is intended for the information of the Company's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Bugzi PA

June 15, 2010

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

To the Board of Directors of
WomanKind, Inc.:

Compliance

We have audited the compliance of WomanKind, Inc. (the "Company") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended December 31, 2009. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Company's management. Our responsibility is to express an opinion on the Company's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Company's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on WomanKind, Inc.'s compliance with those requirements.

In our opinion, the Company complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended December 31, 2009.

Internal Control Over Compliance

The management of the Company is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Company's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the Company's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Buzzi PA

June 15, 2010

Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134

WOMANKIND, INC.
3142 NORTHSIDE DRIVE 101
KEY WEST, FL 33040

|||||||

Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134
305-441-1012

August 13, 2010

CONFIDENTIAL

WOMANKIND, INC.
3142 NORTHSIDE DRIVE 101
KEY WEST, FL 33040

Dear ELIZABETH LANGAN:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/09 shows no balance due. The return should be signed and dated on Page 1 by an officer representing the organization. Mail the return by August 15, 2010 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Smith, Ortiz, Gomez and Buzzi, PA

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , and ending			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WOMANKIND, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3142 NORTHSIDE DRIVE 101 City or town, state or country, and ZIP + 4 KEY WEST FL 33040	
	D Employer identification number 65-1003208		
	E Telephone number 305-294-4004		
	G Gross receipts 658,898		
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
F Name and address of principal officer:			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.WOMANKINDKEYWEST.ORG			
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation:		M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	
Revenue	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 406,900	Current Year 438,312
	9 Program service revenue (Part VIII, line 2g)	348,102	220,586
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	755,002	658,898
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		361,762
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,463		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		304,692
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		666,454
	19 Revenue less expenses. Subtract line 18 from line 12	755,002	-7,556
	20 Total assets (Part X, line 16)	Beginning of Current Year 109,587	End of Year 108,922
	21 Total liabilities (Part X, line 26)	3,120	10,011
	22 Net assets or fund balances. Subtract line 21 from line 20	106,467	98,911

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	08/13/10		P00853282
	Smith, Ortiz, Gomez and Buzzi, PA 132 Minorca Avenue Coral Gables, FL 33134	EIN ▶ 65-0232836	Phone no. ▶ 305-441-1012	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Attachment H

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **2****Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:**See Schedule O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **560,144** including grants of\$) (Revenue \$)
ACCESSIBILITY TO SAFE, HUMANISTIC AND PREVENTION ORIENTED
HEALTHCARE FOR WOMEN

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **560,144**Form **990** (2009)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **4****Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Form **990** (2009)

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **5****Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form **990** (2009)

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 9	
b Enter the number of voting members that are independent	1b 9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ELIZABETH LANGAN**

305-294-4004

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<input type="checkbox"/> Check this box if the organization did not compensate any current officer, director, or trustee.	
(A)	(B)

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b	Total	111,385
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated
employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for
services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

[illegible]

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	438,312			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		438,312			
Program Service Revenue	2a Program Service Revenue	Busn. Code	220,586	220,586		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		220,586			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions.		658,898	220,586	0	0	

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	71,385	60,677	10,708	
7 Other salaries and wages	260,118	255,390	4,728	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,438		2,438	
10 Payroll taxes	27,821	25,032	2,789	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,753	4,300	5,453	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	59,463			59,463
12 Advertising and promotion				
13 Office expenses	15,325	13,639	1,686	
14 Information technology				
15 Royalties				
16 Occupancy	43,443	42,140	1,303	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11		11	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,692		3,692	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a LAB FEES	44,647	44,647		
b CONTRACT LABOR	25,401	25,401		
c INSURANCE	23,290	13,974	9,316	
d PRESCRIPTION PURCHASES	23,229	23,229		
e PROGRAM PROMOTION	13,402	13,402		
f All other expenses	43,036	38,313	4,723	
25 Total functional expenses. Add lines 1 through 24f	666,454	560,144	46,847	59,463
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **11****Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	87,273	1	68,006
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,169	4	33,232
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,581		
	b Less: accumulated depreciation	10b 46,208	4,882	10c 3,373
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,263	15	4,311
16 Total assets. Add lines 1 through 15 (must equal line 34)	109,587	16	108,922	
Liabilities	17 Accounts payable and accrued expenses	3,120	17	10,011
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,120	26	10,011
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	101,585	27	95,538
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	4,882	29	3,373
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	106,467	33	98,911
	34 Total liabilities and net assets/fund balances	109,587	34	108,922

Form **990** (2009)

Form 990 (2009) **WOMANKIND, INC.****65-1003208**Page **12****Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009 **WOMANKIND, INC.****65-1003208**Page **3****Part III Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	526,041	564,196	631,857	755,002	438,312	2,915,408
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					220,586	220,586
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	526,041	564,196	631,857	755,002	658,898	3,135,994
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						3,135,994

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	526,041	564,196	631,857	755,002	658,898	3,135,994
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	526,041	564,196	631,857	755,002	658,898	3,135,994
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

WOMANKIND, INC.**65-1003208**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).For Privacy Act and Paperwork Reduction Act Notice, see the instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page **1** of **1** of Part I

Name of organization

WOMANKIND, INC.

Employer identification number

65-1003208**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KAWALAR FAMILY FOUNDATION	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OTHER	\$ 89,628	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

WOMANKIND, INC.**65-1003208****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research

- d ☐ Loan or exchange programs
 e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	658,898
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	666,454
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-7,556
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-7,556

1 Total revenue, gains, and other support per audited financial statements		1	658,898
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	658,898
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	658,898

1 Total expenses and losses per audited financial statements		1	666,454
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	666,454
4 Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	666,454

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

[illegible]

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

WOMANKIND, INC.

Employer identification number

65-1003208**Form 990 - Organization's Mission or Most Significant Activities**

OUR GOAL IS TO PROVIDE ACCESSIBLE AND AFFORDABLE WOMEN'S PRIMARY,
GYNECOLOGICAL AND MENTAL HEALTH CARE THAT IS SAFE, INDIVIDUALIZED,
HUMANISTIC AND PREVENTION FOCUSED TO WOMEN THROUGH THE
LIFECYCLE, REGARDLESS OF ETHNICITY OR SOCIOECONOMIC LEVEL.

Form 990, Part III, Line 4d - All Other Achievements

ACCESSIBILITY TO SAFE, HUMANISTIC AND PREVENTION ORIENTED
HEALTHCARE FOR WOMEN

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
No review was or will be conducted.**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**
No documents available to the public

WomanKind, inc.

3142 Northside Drive • Suite 101 • Key West, FL 33040 • (305) 294-4004
Gail Hardy, ARNP • NPI 1548313430 • Tax ID 65-100-3208

Date _____

CPT	Office Visit - New	Fee	CPT	Procedure	Qty	Fee
99201	Brief	49	57452	Colposcopy		360
99202	Expanded	83	57454	Colposcopy Cx Bx & ECC		480
99203	Detailed	122	57455	Colposcopy Cx Bx		420
99204	Comprehensive	186	57456	Colposcopy ECC		420
	Office Visit - Est.		17111	Destruction Condylomata		42
99211	Brief	24	75170	Diaphragm Fit		42
99211NC	Brief No Charge	0	58100	Endometrial Biopsy		120
99212	Expanded	49	90772	Injection		12
99213	Detailed	79	58300	IUD Insertion		120
99214	Comprehensive	119	58301	IUD Removal		30
	Preventative Visit		57505	Removal of Endocx Polyp		120
99384	New Pt. 12-17 years	137	57415	Removal of Foreign Body		36
99385	New Pt. 18-39 years	137	36415	Venipuncture		12
99386	New Pt. 40-64 years	160		Allwd Supply		
99387	New Pt. 65+ years	175		Aldara		180
99394	Est. Pt. 12-17 years	118		Amoxicillin		12
99395	Est. Pt. 18-39 years	119		Aviane		30
99396	Est. Pt. 40-64 years	130		Chantix		110
99397	Est. Pt. 65+ years	146		Depo Provera		53
	Individual Therapy	72		Diffucan		6
noshw	No Show	10		Doxycycline		12
	Test			Gardasil		180
85018	Hgb	5		Low Ogestrel		0
82270	Hemocult	12		LoOvral		18
81002	Urine Dip	6		Metrogel		31
81025	Urine Preg. Test FF only	12		Metronidazole #4 (Flagyl)		7
87210	Wet Smear	24		Metronidazole #14 (Flagyl)		18
	Labs Ordered			Miconazole (Monistat)		7
87081	B-Strep Culture	26		Next Choice		22
86304	CA 125	30		Nuvaring		46
85025	CBC w/diff	14		Ortho Cyclen		18
80053	CMP	19		Ortho Tricyclen		18
82947	FBS	12		Ortho Tricyclen Lo		18
83001	FSH	48		Plan B		0
87070	Genital Culture	24		Rocephin		0
87591	GC/Chlamydia FF only	54		Terconazole		0
8470	HCG quan=2 qual=3	30		Valtrex #30		101
80076	Hepatic Function Panel	18				
86706	Hepatitis B Antibodies	36				
86803	Hepatitis C Antibodies	36				
80074	Hepatitis Panel	108				
86701	HIV	0				
86695	HSV serum w/ typing	48				
87621	HPV Reflex	120				
80061	Lipid Panel	24				
88175	Pap Thin Prep	79				
84146	Prolactin	30				
86592	RPR FF only	12				
84480	T3	14				
84436	T4 (Thyroxine)	12				
84443	TSH	24				
87086	Urine c & s	24				
83036	Hemoglobin A1C	12				
81950	Vitamin D 25-hydroxy	67				

Billing Information	
MH	Total \$ _____
F/F Yes No Insurance	Sliding Scale _____ %
Past Due _____	Patient Portion _____
Payment Today _____	Balance _____
Cash Credit Check _____	
ICD-9	Diagnosis
V25.09	Contraceptive counseling
V65.3	Counsel, diet
V65.49	Counsel, health ed
V69.2	Counsel high risk behavior
V65.45	Counsel STI
525.3	Dysmenorrhea
788.2	Dysuria
V25.02	Emergency Contraception
621.2	Enlarged Uterus
780.79	Fatigue
558.9	Gastritis
98.0	Gonorrhea
054.10	HSV
079.4	HPV
V07.4	HRT
272.4	Hyperlipidemia
401.9	Hypertension
244.9	Hypothyroidism
V25.1	IUD Insertion
V25.42	IUD surveillance
627.2	Menopause/disorder
	MH -
382.9	Otitis Media
256.4	PCOS
V22.2	Pregnancy
V76.2	Pap smear
795.10	Abnormal Pap - AGUS
795.11	Abnormal Pap - ASC-US
795.12	Abnormal Pap - ASC-H
795.13	Abnormal Pap - LGSIL
795.14	Abnormal Pap - HGSIL
461.9	Sinusitis, acute
V01.8	STI contact
V74.5	STI screening exam
240.9	Thyroid, enlarged, mass
305.1	Tobacco Dependence
465.9	Upper Respiratory Infect.
616.10	Vaginitis, nonspec.
569.42	Vaginitis, bacterial
131.01	Vaginitis, Trichomonal
939.2	Vulva/vagina, foreign body
599.0	Urinary tract infection
465.9	URI

Next Appointment

Clinician's Signature

patient label

attachment I

Internal Revenue Service

Date: January 3, 2007

WOMANKIND INC
3142 NORTHSIDE DR
KEY WEST FL FL 33040-8012

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Mrs. E. Eckert ID 31-07436
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
65-1003208

Dear Sir or Madam:

This is in response to your request of January 3, 2006, regarding your organization's tax-exempt status.

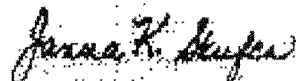
In October 2000 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/CT
Customer Account Services

Attachment J

2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011

RECEIPT# 46113-102149

Business Name: GAIL HARDY /WOMAN KIND INC

Owner Name: GAIL HARDY ARNP

Mailing Address: % WOMAN KIND INC
3142 NORTHSIDE DR STE 101
KEY WEST, FL 33040

Business Location: 3142 NORTHSIDE DR STE 101
KEY WEST, FL 33040

Business Phone: 305-294-4004
Business Type: PHYSICIAN (ARNP)

Rooms Seats Employees Machines Stalls

STATE LICENSE: ARNP 9292028

Number of Machines		For Vending Business Only				
		Vending Type :				
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
\$30.00		\$30.00		\$0.00		\$30.00

PAID-103-09-00001909 07/26/2010 30.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY AND/OR
MUNICIPALITY PLANNING AND
ZONING REQUIREMENTS.

2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011

RECEIPT # 47162-80456

Business Name: WOMANKIND INC

Owner Name: WOMANKIND INC
 Mailing Address: 3142 NORTHSIDE DR
 KEY WEST, FL 33040

Business Location: 3142 NORTHSIDE DR 101
 KEY WEST, FL 33040
 Business Phone: 305-294-4004
 Business Type: MEDICAL OFFICES

Rooms Seats Employees Machines Stalls

3

Number of Machines :							For Vending Business Only		Vending Type : M	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid				
\$22.00		\$22.00		\$0.00		\$22.00				

PAID-103-09-00001911 07/28/2010 22.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
 WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
 PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST
 MEET ALL COUNTY AND/OR
 MUNICIPALITY PLANNING AND
 ZONING REQUIREMENTS.

CITY OF KEY WEST, FLORIDA

Business Tax Receipt

This Document is a business tax receipt
Holder must meet all City zoning and use provisions.
P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name WOMANKIND / HARDY CtlNbr:0018569
Location Addr 3142 NORTHSIDE DR
Lic NBR/Class 11-00023844 SERVICE - PROFESSIONAL
Issue Date: July 29, 2010 Expiration Date: September 30, 2011
License Fee \$309.75
Add. Charges \$0.00
Penalty \$0.00
Total \$309.75
Comments: NURSE PRACTITIONER

This document must be prominently displayed.

WOMANKIND INC

WOMANKIND / HARDY
3142 NORTHSIDE DR STE 101

KEY WEST FL 33040

Oper: ANGIE Type: OC Drawer: 1
Date: 7/30/10 54 Receipt no: 95067
2011 23844
OR LIC OCCUPATIO 1 \$309.75
Trans number: 2514001
CK CHECK 13729 \$309.75

Trans date: 7/30/10

Time: 9:19:58

CERTIFICATE #: 85293

LICENSE #: 800016059

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE
CLINICAL LABORATORY

This is to confirm that WOMANKIND INC has complied with Chapter 483, Part I, Florida Statutes, and with Chapter 59A-7, Florida Administrative Code, and is authorized to operate the following laboratory in the specialties or subspecialties of:

Provider Performed Microscopy Procedures Limited to those listed in Title 42, Code of Federal Regulations, section 493.19(c)

WOMANKIND INC
3142 NORTHSIDE DR STE 101
KEY WEST, FL 33040

EFFECTIVE DATE: 04/05/2009

EXPIRATION DATE: 04/04/2011

Elizabeth Sudek

Deputy Secretary, Division of Health Quality Assurance

AC#3485867

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/07/2009	ARNP 9292028	1151258

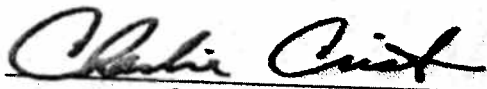
The **ADV REG NURSE PRACTITIONER**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2011**

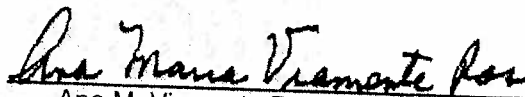
GAIL MARIE HARDY
1119 FLORIDA STREET
KEY WEST, FL 33040

QUALIFICATION(S):

DISPENSING PRACTITIONER
CERTIFIED NURSE MIDWIFE



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#3827168

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/06/2010	OS 10451	31298

The **OSTEOPATHIC PHYSICIAN**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2012**

KRIS MARIE BLY
13 EVERGREEN AVE
KEY WEST, FL 33040



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

Equal Employment Opportunity

Policy:

Womankind's policy is to employ, retain, promote, layoff, eliminate positions, or terminate and otherwise treat all employees on the basis of behavior, competency, qualifications and overall work performance. Employment decisions are made without regard to age, race, sex, country of origin, religion, creed, color, ancestry, physical or mental disability, medical condition, sexual orientation, veteran status, marital status, or any other legally defined characteristic.

It is not only expected, but also demanded, that all employees shall cooperate to fulfill this commitment to the objective of equal opportunity for all. Anyone who uses language or displays conduct which reflects negatively on any of the above mentioned characteristics or any other legally defined characteristics may be subject to disciplinary actions up to and including discharge. Language or conduct given in jest or fun will be treated as though it was by intention.

Purpose:

To provide equal employment opportunities to all staff. To guarantee each employee and applicant for employment the right to be treated as an individual and to succeed in employment on the basis of each individual's efforts, qualifications, and abilities in performance.

Procedure:

1. Any employees with questions or concerns about any type of discrimination in the work place are encouraged to bring these issues to the attention of their immediate supervisor or the Executive Director. If the complainant is uncomfortable for any reason discussing such matters with either of these individuals or if the employee is not satisfied after bringing the matter to the attention of these individuals, then he or she may report the matter to the WomanKind Executive Committee.
2. WomanKind prohibits retaliation against anyone for having raised such a complaint or cooperation with an investigation of a complaint.
3. Anyone found to be engaged in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.



FOUNDER

Harriette S. Glasner
(1906-2002)

OFFICERS

Connacht Cash, CFP
Board Chair

Patricia R. Mintzine
Immediate Past Chair

Cynthia R. Brown
Honorary Chair

Christine W. Curtis
Vice Chair

James L. Myers, Sr.
Treasurer

Archer A. Barry
Assistant Treasurer

Marianne M. Ireland, MD
Secretary

BOARD OF DIRECTORS

Carole A. Barham
Dawn Adels Fine
Miriam Flamm
Dorothea D. Glass, MD
Allison Rogers Haft
Lee Cohen Hara
Sandra F. Heine
Carolyn Hucksorn
Debra A. Jones, MD
Erin Kobetz, PhD, MPH
Ronald S. Kochman, Esq.
Elisabeth A. Lefort
Leslie A. Martel
Mary C. Nation
Herbert A. Ross
Rabbi Judith L. Segal
Louise G. Snyder
Richard Stein
Elyn G. Stevenson

PRESIDENT/CEO
Lillian A. Tanayo

INTER-FAITH COUNCIL

Rev. Carl Bryant
Rev. Emily Denmark-McGee
Rev. Kevin L. Jones
Rabbi Stephen H. Pirsky
Rev. Paul Roberts
Rabbi Judith L. Segal
Rev. Ralph B. Warner, Jr.
Rev. Sandra White

October 27, 2010

Kim Romano, Executive Director
3142 Northside Drive, Suite 101
Key West, FL 33040

Kim,

It was a pleasure meeting you last week. You and your team were very patient and hospitable during our site visit. We would like to extend our sincere appreciation and heartfelt thanks to all staff for their hospitality and cooperation during this review.

Summary of visit

The WomanKind, Inc., Family Planning site visit was conducted on October 13-14, 2010 by Planned Parenthood of South Florida and the Treasure Coast (PPSFTC) staff Michelle Fowler, COO, Maggie Turmel, Associate Medical Director and Saida Pichardo, Director of Medical Operations. The following program components were reviewed: Administration, Clinical, Community Outreach and Information, and Financial Management.

On October 13, 2010 the team conducted an entrance meeting with Kim Romano, Elizabeth Langan and Cali Roberts. During the entrance the team explained the purpose of the review. WomanKind presented the team with program updates and/or changes from the previous year's review. Kim Romano is the new Executive Director, but has support from previous Executive Director Elizabeth Langan who is still on staff in a different role.

The team conducted an exit interview on October 14, 2010 and discussed preliminary findings and observations.

To conduct the program review, the team utilized the Department of Health and Human Services, Office of Population Affairs audit tool as well as a review of administrative and program documents, including policies & procedures, clinical protocols, on-site observations, patient charts, and staff interviews.

Services Available

WomanKind is a nonprofit women's healthcare center that offers reduced fees and affordable care to all women in the Lower Florida Keys. Founded in 2001 by two locals: a midwife and a nurse practitioner, it was formed to provide accessible women's health care that is safe, individualized, humanistic and prevention-focused. WomanKind offers comprehensive primary and reproductive health care and mental health counseling services. Family Planning services are provided by Advanced Registered Nurse Practitioners (ARNP) and medical assistants. Counseling services are provided by a Licensed Clinical Social Worker. Women are not denied services based on their ability to pay. The target population for subsidized family planning services includes all women at or below 150% of the federal poverty level.

All recommendations from the previous review (December 2009) have been implemented and/or corrected in a satisfactory manner with no further action required.

The following are findings, comments and recommendations.

Clinical Section

Findings:

None

Suggestion/Recommendation:

Form change to document education counseling better.
Patients have an emergency contact number

Administration Section

Findings:

None

Suggestions/Recommendations:

Review staffing and health center hours of operation.

Community Outreach and Information Section

Findings:

None

Suggestions/Recommendations:

None

Financial Management Section

Findings:

Implement Medicaid Billing

Suggestion/Recommendation:

Provide a work plan with a time line outlining steps to be taken.

Findings:

Ensure all family planning services are provided on a sliding fee scale of which charges are based on a cost analysis.

Suggestion/Recommendation:

Look at existing formulary and make revisions as necessary.

We are committed to being a resource for you as you acclimate to your new role so please feel free to contact me with additional questions which arise from our visit. Thank you very much for being a strong partner and delegate for the Title X program in Key West.

Again, many thanks to you and your team for an enjoyable visit.

Respectfully,

A handwritten signature in black ink, appearing to read "Michelle Fowler". The signature is fluid and cursive, with a large initial "M" and "F".

Michelle Fowler
Chief Operating Officer